IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

) Examiner: Robert Gerstl (parent appl.)
) Group Art Unit: 1626 (parent appl.)
31355
)) Irvine, California)
LICATION TRANSMITTAL LETTER
laims (9 pages); Abstract (2 page) ey (partially signed)) with Recordation Cover Sheet ement with cited art d EV193720773US
10/365,369, filed February 11, 2003.
Brent A. Johnson Registration No. 51,851
MAIL UNDER 37 C.F.R. § 1.10
and Continuation-in-Part Patent Application and the osited with the United States Postal Service on this date il Post Office to Addressee" Mailing Label number ts, P.O. Box 1450, Alexandria, VA 22313-1450
Susan Bartholomew Name of person mailing paper Signature of person mailing paper

NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a CONTINUATION IN PART NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled 10,10-DIALKYL PROSTANOIC ACID DERIVATIVES AS AGENTS FOR LOWERING INTRAOCULAR PRESSURE by the following named inventor:

1	Full Name of Inventor	Last Name: DONDE	First Name: YARIV	Middle Name:		
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizen	ship:	
		Dana Point	California	USA		
	Post Office Address	Post Office Address: 24386 Antilles Way	City: Dana Point	State or Country: California	Zip Code: 92629	
2	Full Name of Inventor	Last Name: NGUYEN	First Name: JEREMIAH	Middle Name:		
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:		
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:	

- (X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.
- (X) Enclosed is a specification of 47 pages, 28 claims (8 pages) and an abstract (2 pages).

Oath or Declaration

- (X) Enclosed is a fully partially executed oath or declaration.
- () Enclosed is an unsigned oath or declaration.
- (X) A self-addressed return postcard is enclosed for verification of receipt.
- (X) The filing fee is calculated below:

FOR NUMBER FILED	R NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)		\$770.00	\$770.00
Total Claims 28 minus 20 =	-08-	\$18.00	\$144.00
Independent Claims 3 minus 3 =	-0-	\$86.00	\$.00
If application contains any multiple depend	ent claims, then add	\$290.00\$.00
.	TOTAL FILI	TOTAL FILING FEE	

- (X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- (X) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.
- (X) New drawing(s) are enclosed in -8- sheets.
- () A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- () A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- () A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- (X) The Power of Attorney in this application is to Brent A. Johnson, Registration Number 51,851.
- (X) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.

Please address all future communications to:

BRENT A. JOHNSON Registration No. 51,851 ALLERGAN, INC. 2525 Dupont Drive, T2-7H Irvine, CA 92612

Tel: 714-246-4348

Fax: 714-246-4249

Respectfully submitted,

Date: 2/404

Brent A. Johnson Registration No. 51,851

Attorney of Record